

**USD #453 OUT OF DISTRICT TRAVEL EXPENSE CLAIM FORM
FOR USE BY DISTRICT EMPLOYEES ONLY**

Name of Meeting: _____ Date(s) of Meeting: _____

Site of Meeting: _____ City: _____ State: _____

Purpose: _____

NOTE: Receipts must be attached for all expenses for which reimbursement is requested, except for mileage reimbursement for use of personal car. **Form MUST be turned in within 30 days of event to receive reimbursement.** Final reimbursements for the year **MUST** be received at BOE by **June 15**.

Date	Breakfast	Lunch	Dinner	Transportation	Lodging	Other Expenses		Daily Total
						Description	Amount	

Claimant's Signature _____

Claimant's Name (**Please Print**) _____

The amount of payment for out-of-town trips when employees use their own vehicle is listed below. For cities not listed, mileage will be paid at a rate of \$.655 per mile. (Mileage must be shown). **Mileage rates are subject to change each year in January.**

Atchison, KS	32.00	KCI Airport	19.00	Overland Park, KS	50.00
Blue Valley	60.00	K.C., KS	37.00	Pittsburg, KS	191.00
Emporia, KS	153.00	K.C., MO	42.00	Salina, KS	227.00
Hays, KS	347.00	Lawrence, KS	50.00	Topeka, KS	82.00
Hutchinson, KS	290.00	Manhattan, KS	155.00	Turner, KS	43.00
Junction City, KS	165.00	Olathe, KS	42.00	Wichita, KS	257.00

Location: _____ One Way Mileage: _____ x2= _____ x.655 = \$ _____

MAXIMUM MEAL ALLOWANCE PER DAY:

Breakfast	12.00
Lunch	16.00
Dinner	30.00

I certify that the above named individual, acting in accordance with Board policy, incurred the above expenses while performing services for USD #453.

ADMINISTRATOR/DIRECTOR SIGNATURE: _____ DATE: _____

ACCOUNT #: _____ - _____ - _____ - _____ - _____ EMPLOYEE #: _____ CHECK #: _____

DATE PAID: _____